

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

409

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000004537

1. Entity Name
LLB TENANT CORPORATION



Principal Place of Business
**DEPT. 924.13
10400 FERNWOOD ROAD
BETHESDA, MD 20817**

Mailing Address
**DEPT. 924.13
10400 FERNWOOD ROAD
BETHESDA, MD 20817**



01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2258534

| |
|----------------|
| Applied For |
| Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MCCARTHY, ROBERT J 10400 FERNWOOD ROAD BETHESDA, MD 20817 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V PULSE, M. LESTER JR. 11202 FARMLAND DRIVE ROCKVILLE, MD 20852 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HANDLON, CAROLYN B 1215 POOMAC SCHOOD ROAD MCLEAN, VA 22101 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S INGALLS, DOROTHY M 10400 FERNWOOD ROAD BETHESDA, MD 20817 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KIMBALL, KEVEN M 12058 SHOEMAKER WAY GAITHERSBURG, MD 20878 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MATTEI, ANDREA M 10400 FERNWOOD ROAD BETHESDA, MD 20817 |

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04/28/04-80070-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-04

Date

301-380-8742

Daytime Phone #